

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☒

A. First Notification

☐B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

PAR 000031674

**II. Name of Installation (Include company and specific site name)**

VIROPHARMA INCORPORATED

**III. Location of Installation (Physical address not P.O. Box or Route Number)**

Street

405 EAGLEVIEW BLVD.

Street (Continued)

City or Town

EXTON

State

Zip Code

PA

19341-

County Code

029

County Name

CHESTER

**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box

SAME

City or Town

State

Zip Code

-

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (Last)

MCWHERTER

(First)

MELODY

Job Title

SCIENTIST

Phone Number (Area Code and Number)

610-651-0200

**VI. Installation Contact Address (See Instructions)**A. Contract Address  
Location Mailing Other☐ ☐ ☒

B. Street or P.O. Box

76 GREAT VALLEY PARKWAY

City or Town

MALVERN

State

Zip Code

PA

19355-

**VII. Ownership (See Instructions)**

A. Name of installation's Legal Owner

HANKIN GROUP INC.

Street, P.O. Box, of Route Number

717 CONSTITUTION DR

City or Town

EXTON

State

Zip Code

PA

19341-

Phone Number (Area Code and Number)

610-458-1900

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

☐

No

☐

(Date Changed)

Month

Day

Year

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## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☒
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ D 0 0 9    ☒ D 0 1 1    ☒ D 0 0 7    ☒ D 0 1 0

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D 0 0 1	2 D 0 1 8	3 D 0 1 9	4 D 0 2 1	5 D 0 2 2	6 D 0 3 6
7 D 0 3 8	8 D 0 4 0	9 F 0 0 1	10 F 0 0 2	11 F 0 0 3	12 F 0 0 4

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

BATH/12 11/6/98



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## IX. Description of Regulated Wastes (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	F 0 0 5	14	P 0 0 8	15	P 0 2 4	16	D 0 0 8	17	P 0 0 8	18	P 0 2 4
19	P 0 7 7	20	P 0 2 8	21	P 0 2 4	22	P 0 2 9	23	P 0 3 0	24	P 0 1 6
25	P 1 1 6	26	P 0 6 8	27	P 0 7 7	28	P 0 8 7	29	P 0 7 5	30	U 0 0 9
31	U 0 1 2	32	U 1 3 6	33	U 0 1 5	34	U 0 1 9	35	U 0 6 9	36	P 1 0 4
37	P 1 0 5	38	P 1 0 6	39	U 1 1 2	40	U 0 0 2	41	U 0 0 3	42	U 0 0 6
43	U 1 0 2	44	U 0 4 9	45	U 3 2 8	46	U 3 5 3	47	U 2 2 2	48	U 1 0 9
49	U 2 3 9	50	U 0 5 6	51	U 2 2 0	52	U 1 6 9	53	U 0 2 0	54	U 2 2 5
55	U 0 3 0	56	U 0 3 1	57	U 1 5 9	58	U 0 5 3	59	U 0 7 4	60	U 0 3 1
61	U 2 3 8	62	U 0 9 7	63	U 2 1 1	64	U 0 3 7	65	U 0 4 4	66	U 0 4 6
67	U 0 4 8	68	U 0 4 9	69	U 0 5 6	70	U 0 5 7	71	U 0 6 8	72	U 0 7 4
73	U 0 7 9	74	U 0 9 2	75	U 0 9 8	76	U 1 0 3	77	U 1 0 8	78	U 1 1 0
79	U 0 7 7	80	U 1 1 2	81	U 1 1 3	82	U 1 1 7	83	U 1 2 2	84	U 1 2 3
85	U 1 4 7	86	U 2 1 3	87	U 1 3 3	88	U 0 1 8	89	U 1 3 4	90	U 1 4 0
91	U 1 4 4	92	U 1 5 1	93	U 0 4 6	94	U 0 8 0	95	U 1 3 8	96	U 2 1 1
97	U 0 4 4	98	U 1 5 4	99	U 1 5 6	100	U 1 5 9	101	U 1 8 9	102	U 1 4 0
103	U 1 9 6	104		105		106		107		108	
109		110		111		112		113		114	
115		116		117		118		119		120	



76 Great Valley Parkway  
Malvern, PA 19355  
Phone (610) 651-0200  
Fax (610) 651-0588

October 29, 1997

US EPA, Region III  
RCRA Programs Branch  
Pennsylvania Section (3 HW50)  
841 Chestnut Street  
Philadelphia, PA 19107

To whom it may concern:

Enclosed, please find a copy of ViroPharma Incorporated's submittal of the EPA Notification of Regulated Waste Activity Form 8700-12 and the Pennsylvania Department of Environmental Resources Supplement to US EPA Notification of Waste Activity form ERWM53 for the ViroPharma Incorporated site in Uwchlan Township, Chester County, Pennsylvania. ViroPharma Incorporated will begin operations at this site in February 1998.

The forms were also mailed to the Pennsylvania Department of Environmental Resources Bureau of Waste Management offices in Conshohocken and Harrisburg. If you have any questions about this notification, please contact Melody McWherter at (610) 651-0200.

Sincerely,

Claude H. Nash  
President & CEO

Enclosures

RECEIVED  
PA/DC SECTION  
NOV 6 1997  
EPA REGION III



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ PAR000031674 11/21/97

INSTALLATION ADDRESS

VIROPHARMA INC  
76 GREAT VALLEY PKWY  
MALVERN , PA 19355  
MELODY MCWHERTER SCIENTIST  
405 EAGLEVIEW BLVD  
EXTON , PA 19341